| | | | ') | | | | • | | | |
|--|--------------------|------------------------------------|-------------|---|------------------|-----------------|--|--------------------|---|------------------------|
| | PATENT APPL | | | | | RD | | | Docket Nur | mber |
| | | Effectiv | e Novemb | per 10, 199 | 8 | | 06- | 2635 | - المالية ا | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY OTHER THAN TYPE OR SMALL ENTITY | | | |
| FOR | | NUMBER FILED | | NUMBE | NUMBER EXTRA | | EF | EE | RATE | FEE |
| BASIC FEE | | | | | | | 38 | 0.00 O | R | 760.00 |
| TOTAL CLAIMS | | 17 minus 20: | | | | | = | O | R X\$18= | |
| ┡ | EPENDENT CLAIMS | 12 minus 3 | | 3 = * |) | Х3 | | O | A X78= | ₹02.°° |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | 2 | O | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TOTA | TOTAL | | R TOTAL | 462°D |
| Column 1) (Column 2) (Column 3) | | | | | | | LL ENT | TTY OF | | R THAN ENTITY |
| AMENDMENT A | REAL A | LAIMS MAINING FTER NDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RAT | E TIC | ODI- ONAL EE | RATE | ADDI- TIONAL FEE |
| NON | Total + [| 9 | Minus | #20 | = | X\$ 9 | = | O | X\$18- | ł |
| AME | Independent * / | 2 | Minus | *** 12 |]- | X39 | | 0 | X78= | |
| | FIRST PRESENTATION | ON OF MI | JLIIPLE DEI | ZENDENI CLA | UM | +130 | | OF | +260= | |
| 1/29/03 | | | | | | TO ADDIT. F | | O | ADDIT, FEE | - |
| | ′ ./ 🖰 (co | lumn 1) | | (Column 2) | (Column 3) | | | | | |
| ENDMENT B | REA A | LAIMS MAINING FTER NDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATI | E TIO | DDI- INAL EE | RATE | ADDI- TIONAL FEE |
| NON | Total • \ | 7 | Minus | #20 | a | X\$ 9 | - | OF | X\$18= | |
| AME | | 4 | Minus | ** 12 | <u>-2</u> | X39: | ; | OF | ¥78= | 168 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +130 | _ | OF | +260= | |
| | 6/14/04 | | | | | TOT ADDIT. F | | OF | TOTAL | 168 |
| | (Co | umn 1) | | (Column 2) | (Column 3) | | | | | |
| DMENT C | REA A | AIMS MAINING FTER NDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | PATE | : TIO | DI- NAL EE | RATE | ADDI- TIONAL FEE |
| 8 | Total . | 7 | Minus | -20 | 5 | You | | | X\$18= | |

FORM PTO-875 (Rev. 11/98)

AMEND

independent

Minus

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

OR

OR

OR

OR

X39=

+130=

ADDIT. FEE

TOTAL

X\$18=

X78=

+260=

ADDIT. FEE

TOTAL